

Idaho's *New* Medicaid and You

A Guide to Idaho Medicaid Services



Use from July 2006
through September 2006



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Contents

Page

New and Improved Medicaid	2-3
Important Numbers	4
How Do I Get Medicaid?	
Applying	5-6
Medicaid or Medicare?	7-8
Which Medicaid Plan is Right for Me?	
The Medicaid Basic Plan	9-16
The Medicaid Enhanced Plan	17-19
Premium Assistance	20
How Do I Use Medicaid?	
Your Medicaid Card	21
Healthy Connections	22-25
Healthy Connections Phone Numbers	26-27
When to Use the Emergency Room	28
What is Prior Authorization?	29
Important Information	
Rights and Responsibilities	30-32
Medicaid Fraud, Abuse and Misuse	33
Estate Recovery	34
Other Medical Insurance	35
Other Services in the Department of Health and Welfare	
Regional Adult Mental Health Authorities	36
Regional Children's Mental Health Authorities	37
Local Health and Welfare Offices	38-40

Idaho Medicaid is New and Improved

The Idaho Medicaid Program: Prevention, Wellness and Responsibility

Idaho Medicaid is making exciting changes. Starting in July, Medicaid will do more to improve your health, find new health problems early, and manage current health problems.

These changes include **new and improved benefits**.

People are different, and so are their health care needs. Idaho Medicaid now offers different benefit plans to meet different needs:

1. The **Medicaid Basic Plan** is for low-income children and adults with eligible dependent children. This plan provides complete health, prevention and wellness benefits for children and adults who don't have special health needs. Most Medicaid clients will be enrolled in this benefit plan.
2. The **Medicaid Enhanced Plan** is for individuals with disabilities or special health needs. This plan includes all benefits in the Medicaid Basic Plan, plus additional benefits.

The benefits you get are based on your health needs. When you apply, we will ask about your health status and health needs.

If you enroll in the Medicaid Basic Plan and your health changes, you may need to get an assessment to find out whether you should be in the Medicaid Enhanced Plan.

See pages 9 to 19 in this booklet for more information on the Medicaid Basic Plan and the Medicaid Enhanced Plan.

Medicaid has also added an adult wellness benefit so that eligible adults can get a yearly checkup.

In addition, Medicaid now has a single office to help you apply. This office is called Family Medicaid. You can contact Family Medicaid to apply, to interview, or to ask questions. See page 4 for contact information.

Idaho Medicaid will make more changes in the coming months.

Use this booklet through the date on the cover. Idaho Medicaid will update this booklet when these changes take place.

To see more details about how Medicaid is changing, visit www.modernizemedicaid.idaho.gov.

Important Numbers

When you enroll in Medicaid you will get a **Medicaid ID number**. This number is on your Medicaid card and helps identify you for Medicaid services. Record your Medicaid number here:

To apply for Medicaid you can contact Family Medicaid.

FAMILY MEDICAID
150 Shoup Avenue, Suite 5
Idaho Falls, Idaho 83402-3653

Phone: 1-866-326-2485 (toll free)
FAX: 1-208-528-5980
Email: familymedicaid@idhw.state.id.us

Family Medicaid will help you apply and will conduct interviews (by phone). Family Medicaid can also help you with other questions about Medicaid.

To find a doctor in your area, contact Healthy Connections. You will find their local addresses and phone numbers on pages **26-27**.

To get help with Mental Health questions, contact Mental Health Authorities. You will find their local addresses and phone numbers on pages **36-37**.

To apply for Medicaid if you are over 65 or receiving SSI, contact your local Health and Welfare office. Numbers for offices around the state can be found on pages **38-40**.

To get help with other services in the Department of Health and Welfare you can call **2-1-1** or visit one of the local Health and Welfare offices. You can find local addresses and phone numbers on pages **38-40**.

How Do I Get Medicaid? Applying

To get Medicaid, you must apply. The first step is to get an application. You can do this in several ways:



♦ Call Family Medicaid (toll free) at (866) 326-2485 and ask for an application. You can also ask questions about Medicaid services.

♦ Call 2-1-1 and request an application.

♦ Print the application from www.healthandwelfare.idaho.gov.

♦ You can pick up an application at any local Health and Welfare office (see office listings on pages 38-40.)

Next, you must turn in the application. You can do this in several ways:

♦ Fax or mail your application to Family Medicaid.

♦ Take your application to a local Health and Welfare office.

You can get help to complete your application. You can:

♦ Ask for the application in English or Spanish.

♦ Ask for an interpreter to help you. This help is free.

♦ Have a friend or relative help you. Parents and guardians may apply for their children.

Once you have turned in your application, it will be checked to see if you are eligible. Sometimes more information is needed. You may get a phone call or letter with additional questions.

It may take Medicaid 45 days to decide if you are eligible. Medicaid will send you a letter to tell you if you are eligible. If you have questions about your application you can call Family Medicaid.

If you are eligible, Medicaid will send you a Medicaid card. This takes about two weeks.

Medicaid or Medicare, What's the Difference?



People sometimes confuse Medicaid and Medicare.
They are not the same.

Medicaid

Medicaid is a state program you may qualify for if your income is low and you match one of these descriptions:

- ◆ You are pregnant.
- ◆ You are a child or a teenager.
- ◆ You are an adult with an eligible child.
- ◆ You have a disability.
- ◆ You are 65 or older.
- ◆ You are blind.
- ◆ You need nursing home care.

If you or someone in your family needs health care, you should apply for **Medicaid** even if you aren't sure you qualify. Some income and resources don't count against you. For an example, owning your home may not stop you from getting **Medicaid**.

Medicare

Medicare is a federal program that provides health coverage if you match one of these descriptions:

- ◆ You are 65 or older.
- ◆ You are any age and have kidney failure or a long-term kidney disease.
- ◆ You have a permanent disability.

Some people qualify for both **Medicaid** and **Medicare**. If you qualify for both you will receive all of the medical services covered by **Medicaid** even if **Medicare** doesn't cover the services.

Some people who don't qualify for **Medicaid** will qualify for programs where **Medicaid** may help pay for **Medicare** costs including:

- ♦ Monthly Medicare premiums.
- ♦ Co-insurance.
- ♦ Deductibles.

For information on Medicare prescription drug coverage go to www.medicare.gov.



For more information about **Medicare**, call (800) 772-1213 to find your local Social Security Office.

Which Medicaid Plan Is Right for Me?

It's always a good idea to ask your doctor or pharmacist if Medicaid covers the specific service or item you need. There are some limits to these services, and some may require you or your doctor to get prior authorization from Medicaid first.

Some services are only covered in the Medicaid Enhanced Plan Benefits. If you are enrolled in Medicaid Basic Plan Benefits and your health changes you may need to get an assessment to see if you should be changed to Medicaid Enhanced Plan Benefits to get additional services.

The Medicaid Basic Plan

The following services are available if you are enrolled in the Medicaid Basic Plan.

Prevention

- ♦ Annual physical - Adults
 - Limited to once every 12 months
- ♦ Screening mammograms for women over 40
- ♦ Well Child Checks
 - Head-to-toe physical and developmental check-up
 - Preventive dental visits starting at age 3



For more information ask for *EPSDT Early and Periodic Screening Diagnosis and Treatment for Babies, Children & Youth Up to Age 21*, by calling the Idaho CareLine at 2-1-1 or (800) 926-2588.



Help your child stay healthy.

Make sure he gets all his well-child checks.

It is just as important to take your child for well-child checks, as it is to take him to the doctor when he is sick.

Medicaid will cover most medical services that your doctor orders for a condition found during a well-child check, even if the service is beyond what Medicaid normally covers.

You will receive letters to remind you to schedule well-child checks.

Immunizations

- ♦ Provided in a doctor's office, a free clinic, or through your local District Health Department.



For information on Immunizations or Lead Screening, call the Idaho CareLine by dialing 2-1-1 or (800) 926-2588.

Lead Screening

- ♦ Testing in a doctor's office or health district



Lead poisoning doesn't have any signs or symptoms.

Lead poisoning can lower a child's IQ and learning capacity.

Your child should be tested at 12 months and again at 24 months. All children under the age of 6 should be tested, if they have not previously been tested.



For more information ask for *Get the Lead Out* HW-0243 by calling the Idaho CareLine at 2-1-1 or (800) 926-2588.

Chiropractic Services

- ♦ Limited to 24 manipulations during the calendar year
- **Doesn't pay** for x-rays taken by a chiropractor.

Counseling Services

- ♦ See Mental Health Services

Dental Services

- ♦ Preventative dental care, fillings, and dentures

Doctor and Nurse Office Visits

- ♦ Exams or treatments by a doctor, physician assistant, or nurse practitioner.
- ♦ Surgical and other treatment services performed by a doctor.

Family Planning and Related Services

- ♦ PAP test performed during family planning.
- ♦ Family planning, counseling, prescription, and supplies to prevent pregnancy.
- ♦ **Doesn't pay** for genetic testing or fertility services.
 - See section on Sterilization

Hearing Services

- ♦ Exam and testing once a year when ordered by a doctor
 - One hearing aid per adult in your lifetime.
 - Children can get additional hearing aids with prior authorization.
 - Batteries, follow-up testing, and repairs from normal use.
 - **Doesn't pay** for lost, misplaced, stolen or destroyed hearing aids.

Home Health Services

- ♦ Ordered by a doctor who is a certified Medicaid provider
 - Limited to 100 visits a calendar year including all visits such as skilled nursing, aide visits, occupational therapy and physical therapy.

Hospital Services

- ♦ Inpatient Services
 - Semi-private room, drugs, lab tests, and other services when you are in the hospital.
- ♦ Outpatient Services
 - Lab, x-ray, and other test ordered by your doctor.
 - Physical therapy and other services ordered by your doctor.



You or your doctor need to get prior authorization for inpatient hospital stays from Medicaid's Quality Improvement Organization (QIO.)
Call (800) 783-9207.



It is best to call your doctor and not use the emergency room for routine medical care.

Interpretation Services

- ♦ May pay to help you communicate with your doctor if English is not your primary language.

Medical Equipment and Supplies

- ♦ Prescribed by a doctor.
- ♦ Artificial Limbs and Braces
 - To replace portions of the body that are weak or missing.
- ♦ Special shoes or inserts for diabetics

♦ Wheelchairs

- You must have a doctor's order and an evaluation by an occupational or physical therapist to determine the most appropriate and the least costly wheelchair to meet your medical needs.

Mental Health Services

♦ Inpatient psychiatric services

- limited to 10 days per calendar year.

♦ Outpatient Mental Health Clinic

- Limited to 26 services per calendar year.
- Services include: Psychotherapies, Psychopharmacology, Diagnostic and Evaluation (limited to 12 hours per calendar year.)

If you need more services or an increase in limits, you will need an assessment for possible enrollment in the Medicaid Enhanced Plan.

Podiatry

- ♦ Care of your feet and ankles, limited to severe conditions from your mid-calf down.
 - **Doesn't pay** for routine treatment of your corns, warts, toenails, etc.

Pregnancy Related Services

- ♦ Prenatal, delivery, and postpartum services provided by a doctor or a RN Certified Nurse Midwife.
- ♦ If you are eligible under PWC (Pregnant Women and Children's Program) Medicaid will only pay for your pregnancy and for services related to your pregnancy up to 60 days after your pregnancy ends.



For more information ask for publication
#HW-1013 *Help for Pregnant Women, Mothers
and Children* by calling the Idaho CareLine at
2-1-1 or (800) 926-2588.

Prescription Drugs

- ♦ Medicines prescribed by your provider
 - Some types of medicines and some brand-name drugs require prior authorization. Your pharmacist or provider will know what medicines need prior authorization and will submit the request for you.
- ♦ Medicaid covers some non-prescription items if your doctor orders them:
 - Disposable insulin syringes and needles
 - Shampoo treatment for head lice
 - Most iron tablets

School-Based Services

- ♦ The school may test your child and may determine that your child is eligible for services under an Individualized Educational Plan (IEP) or Individualized Family Services Plan (IFSP).
- ♦ Your child's school can bill Medicaid for the services.
- ♦ School-based services won't count against the limitations of the other services your child may be getting.



- ♦ Ask your child's school if they bill Medicaid.
- ♦ Give your child's Medicaid number and the name of your child's doctor to the school.
- ♦ Tell the school if your child is working with other therapists or doctors.

Sterilization

- ♦ You must sign legal consent forms at least 30 days in advance. You can have the surgery on the 31st day.
 - **Doesn't pay** for sterilization if the person is under the age of 21 or if the person isn't capable of giving informed consent.

Substance Abuse Detoxification and Rehabilitation

- ♦ Inpatient services in a hospital and outpatient counseling in a mental health clinic or hospital.
 - **Doesn't pay** for inpatient treatment in a residential treatment facility

Therapy

- ♦ Occupational Therapy—provided by hospitals and schools.
 - Limited to 30 hours a week.
 - No limit for children when services are provided in a public school program (School-Based Services).
- ♦ Physical Therapy—your doctor must explain why you need the services and include it in your treatment plan.
 - Limited to 25 visits a year. If you need more you must get prior authorization. See page 29.
- ♦ Speech and Hearing Therapy
 - Limited to 250 sessions a year
 - Only covered as an out-patient hospital service.

Transportation (non-emergency)

If you have a medical appointment but you don't have a car, can't operate a car, or don't have a friend or family member who can take you, you can request transportation.

- ♦ The Medicaid Transportation Unit will review your request and decide if Medicaid will pay for your transportation. Medicaid may review your request based on the least expensive transportation available and the closest available Medicaid provider or service.
- ♦ You need to call at least 24 hours before your appointment.



Call (800) 296-0509 or
in Boise (208) 334-4990.

Vision Services

- ♦ You can get an eye exam every 366 days.
- ♦ Glasses - the doctor who does the exam might **not** be the provider who supplies your glasses. Be sure to ask if your doctor orders glasses from Medicaid's supplier.
 - Children can get frames and lenses when needed.
 - Adults are limited to frames every 4 years and lenses when they meet certain requirements.
 - **Doesn't pay** for both contacts and glasses.
 - **Doesn't pay** for transition or progressive lenses for any age or tints unless medically necessary.
 - **Doesn't pay** for lost or broken glasses for adults.
- ♦ Contacts - you must have prior authorization and only if you are very nearsighted (myopia) or have another medical condition that prevents you from using glasses.

Other Covered Services

- ♦ Supplemental nutritional service when medically necessary and ordered by your doctor
- ♦ Diabetes Training
 - limited to 12 individual hours or 24 group hours every 5 years

Cost Sharing

If your child is enrolled in the Medicaid Basic Plan, you may need to pay \$0, \$10 or \$15 per month per child. The amount depends on your income.

The Medicaid Enhanced Plan

If you are enrolled in this plan all of the Medicaid Basic Plan benefits are available to you, plus the following services:

Case Management Services (Service Coordination)

- ♦ See Service Coordination section

Developmental Disability Services

To apply for services contact your local Regional Medicaid Services program. You will find the phone numbers and addresses on pages 38-40.

- ♦ Developmental therapy, physical therapy, speech therapy, occupational therapy, psychotherapy, and intensive behavioral interventions
 - See limits listed under Therapy, page 15.
- ♦ Service Coordination (Case Manager)
 - See Service Coordination section

Home and Community-Based Services (HCBS)

- ♦ Supportive services needed to live at home instead of living in an institution such as a nursing home or an Intermediate Care Facility for the Mentally Retarded (ICFMR).
- ♦ You must be 18 years old or older to be eligible for Home and Community Based Services.



For more information ask for publication
#HW-0770 *Home and Community-Based Waiver
Services for Adults with Developmental Disabilities*
by calling the Idaho CareLine at
2-1-1 or **(800) 926-2588**.

Hospice Care

- ♦ In-home care for the terminally ill with six months or less to live.

Mental Health Clinic Partial Care Services

- ♦ Limited to 36 hours per week.

Mental Health Psychosocial Rehabilitation Services

- ♦ For limits call your Regional Mental Health Authority.
You will find phone numbers on pages 36-37.

Nursing Homes

- ♦ If your doctor says that you need to be in a nursing home and Medicaid finds that you need nursing home level of care

Personal Care Services (PCS)

- ♦ Services provided in your home
 - May help with basic care, grooming, medications, light housekeeping, cooking, grocery shopping, and transportation.
 - You are limited to 16 hours a week.
 - If your medical condition requires more than 16 hours a week you may be eligible for one of the Home and Community Based Waivers. For details call your local Regional Medicaid Services office. See pages **38-40** for the phone number.
- ♦ Service Coordination (Case Manager)
 - See Service Coordination section



For more information ask for publication
#HW-0770 *Home and Community-Based Waiver Services for Adults with Developmental Disabilities*
by calling the Idaho CareLine at **2-1-1** or **(800) 926-2588**.

Service Coordination

If you qualify for service coordination you will have a *service coordinator* to help you gain access and coordinate your necessary care and services.

You will only qualify for one kind of service coordination. The kinds of service coordination are:

- ♦ Developmental Disability
 - Adults 18 years or older
 - Prior authorization
- ♦ Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
 - Children up to the age of 21
 - Prior authorization

♦ **Mental Health**

- Adults 18 years or older with a mental illness diagnosis
- Limited to 5 hours a month
- Up to 3 hours a month of documented emergency crisis
- Additional crisis hours with prior authorization

♦ **Personal Care Services**

- Adults and children who get personal care services

Therapy

You must have all therapy services ordered by your doctor or a licensed prescriber.

♦ **Developmental Therapy**—provided by developmental disability agencies, some mental health clinics, psychosocial rehabilitation agencies and schools.

- Limited to 30 hours a week for one service or
- Limited to 30 hours a week for **both** developmental and occupational therapy.
- No limit for children's services provided in a public school program.

Women's Health Check

Some women may qualify for free breast and cervical health screening. You must be diagnosed with cancer by a "Women's Health Check" provider for Medicaid to pay for your cancer treatment. You may qualify if you are:

- ♦ Low income.
- ♦ No insurance coverage for mammograms or Pap tests.
- ♦ Age 50 to 64
- ♦ Age 30 to 49 and haven't had a Pap test in 5 years or longer, have never had a Pap test, or have symptoms for cervical cancer.
- ♦ Referred by a doctor for symptoms suspicious for breast cancer.



Call the Idaho CareLine by dialing **2-1-1** or **(800) 926-2588** to connect with a Women's Health Check provider to see if you qualify.

Premium Assistance

Access to Health Insurance

Access to Health Insurance helps you pay for employer-sponsored health insurance.

- ♦ You must work for a small business with 2-50 employees.
- ♦ Your employer must agree to sign up for the program.

The Access Card

The Children's Access Card program helps you pay for private insurance for your children. You can buy employer-sponsored insurance or buy an individual plan. The Access Card pays up to \$100 per child each month (monthly maximum of \$300 per family). You pay the co-payments and deductibles for the health plan you choose.

If your child loses private insurance paid for by the Access Card, you can switch to the Medicaid Basic Plan.



For more information call the Idaho CareLine at 2-1-1 or (800) 926-2588.

How Do I Use Medicaid?

Your Medicaid Card

Once you're eligible for Medicaid, you'll receive a permanent plastic Medicaid card.



Your card will come in the mail. It is important that you call your local Health and Welfare office if you don't receive your card within 14 days after you get the letter telling you that you are eligible.



If you lose or break your card, call your local Health and Welfare office. You will find the phone number on pages **38-40**.

Make Your Medicaid Card Work for You!



Remember...your **CARD** is permanent.

Don't throw it away, keep it!

- ♦ If you lose your Medicaid and then get Medicaid again, you will use the same card.
- ♦ Keep your card in your purse or wallet so that you'll have it with you to show to your doctor, dentist, or pharmacy.
- ♦ Always show your Medicaid card and ask before you get medical services if the provider will accept your Idaho Medicaid card as payment. Ask even when your provider refers you to a specialist. **Not all providers accept Idaho Medicaid.**

What is Healthy Connections?

Healthy Connections is the managed care program for Idaho Medicaid. Most people who are eligible for Medicaid must enroll in the Healthy Connections program.

Healthy Connections:

- ◆ Helps you get the health care services you need.
- ◆ Links you with one doctor.
- ◆ Helps limit the rising cost of the Idaho Medicaid program.

What happens when you join Healthy Connections?

- ◆ If you already have a doctor you may continue to go to that doctor.
- ◆ If you don't have a doctor you will choose a Healthy Connections doctor.
- ◆ If you don't choose one, Healthy Connections will match you and your children with a doctor in your community.
- ◆ You may choose to have a different Healthy Connections doctor for each family member.
- ◆ Your Healthy Connections doctor will provide all of your primary health care needs and refer you to a specialist when necessary or to the hospital if needed.
- ◆ You can change your doctor by calling your local Healthy Connections contact by the 20th of the month. The change will be effective the first of the next month.



You will find the phone numbers for your local Healthy Connections contact at the end of this section, on pages **26-27**.

Call:

- ♦ If you need help in choosing a doctor.
- ♦ If you have questions about the program.
- ♦ If you want to change doctors.
- ♦ If you are moving to a new area, you must call before you move, otherwise you may not be able to use your card in the new area. Your Healthy Connections contact will help you find a new doctor and change your Healthy Connections doctor so you will not need a referral.



You will get a letter in the mail confirming your enrollment with Healthy Connections. Please read it carefully and if you have questions call your Healthy Connections contact.

When you enroll in Healthy Connections remember:

- ♦ You won't get a new card - you will use your Medicaid card.
- ♦ Talk with your Healthy Connections doctor before going to another doctor or getting other medical services.
- ♦ Your Healthy Connections doctor will need to make a referral for you to get other health care services.
- ♦ You must have a referral before you go to a doctor who isn't your Healthy Connections doctor or you may be responsible for paying the bill.
- ♦ You can call your Healthy Connections doctor anytime of the day or night or on holidays if you need medical advice or have an emergency.

- ♦ You don't need a referral from your Healthy Connections doctor for:
- Dental care
 - Vision care
 - Emergency room
 - Childhood immunization
 - Chiropractic care
 - Family planning at District Health or other agencies
 - Flu shots
 - Hearing test, screening
 - Indian Health Clinic
 - Personal care services
 - Pharmacy
 - Podiatry (foot care) in podiatrist's office
 - School-based services
 - Screening mammograms
 - Tests for sexually transmitted diseases
 - Transportation



Be a Good Patient!

- ♦ When you make an appointment with any doctor who bills Medicaid tell them you are on Healthy Connections.
- ♦ Show your Medicaid card at every appointment.
- ♦ Be on time to your appointments.
- ♦ Follow your treatment plan.
- ♦ Cancel your appointment at least 24 hours in advance when possible. If your doctor has a policy to charge for a missed appointment, the doctor may charge you. Medicaid **doesn't** pay for missed appointments.
- ♦ Call in advance for an appointment. You might not get an appointment the same day you call.

Healthy Connections Grievance Procedure

Call your local Healthy Connections office to talk about the problem. If the Healthy Connections contact cannot fix the problem, you have the right to file a written grievance with them. We will review your problem again and you will get an answer in writing - a grievance response letter.

If you are still not satisfied, you have the right to file for a Hearing. You may ask for a Hearing by writing directly to the address on your grievance response letter.



Local Healthy Connections Contacts

Boise Region

Ada/Boise/Elmore/Valley counties

1720 Westgate, Suite A

Boise, ID 83704

(208) 334-4676 or (800) 354-2574

Caldwell/Nampa Region

Adams/Canyon/Gem/Owyhee/Payette/Washington counties

3402 Franklin Rd

Caldwell, ID 83605-9901

(208) 455-7244 or (800) 494-4133

Coeur d'Alene Region

Benewah/Bonner/Boundary/Kootenai/Shoshone counties

1120 Ironwood, Suite 102

Coeur d'Alene, ID 83814

(208) 666-6766 or (800) 299-6766

Idaho Falls Region

Bonneville/Butte/Clark/Custer/Fremont/Jefferson/

Lemhi/Madison/Teton counties

150 Shoup St., Suite 20

Idaho Falls, ID 83402

(208) 528-5786 or (800) 919-9945

Lewiston/Moscow Region

Clearwater/Idaho/Latah/Lewis/Nez Perce counties

1118 F St.

Lewiston, ID 83501

(208) 799-5088 or (800) 799-5088

Pocatello Region

Bannock/Bear Lake/Bingham/Caribou/Franklin/
Oneida/Power counties

1070 Hilina, Suite 260

Pocatello, ID 83201

(208) 239-6260 or (800) 284-7857

Twin Falls/Burley Region

Blaine/Camas/Cassia/Gooding/Jerome/Lincoln/
Minidoka/Twin Falls counties

601 Poleline Rd., Suite 3

Twin Falls, ID 83301

(208) 736-4793 or (800) 897-4929

Healthy Connections Spanish Line (Statewide)

(800) 862-2147 or (800) 378-3385

Caldwell/Nampa

Call the numbers listed above for their specific area.

When to Use the Emergency Room (ER)

You should call your doctor for advice if you or your child gets sick or injured. However, if you believe the situation is an emergency and you need help right away go to the ER.



The American College of Emergency Physicians says to use these warning signs of an emergency to decide if you should go to the ER:

- ◆ Difficulty breathing or shortness of breath
- ◆ Chest or upper abdominal pain or pressure
- ◆ Fainting
- ◆ Sudden dizziness
- ◆ Weakness or change in vision
- ◆ Confusion or change in mental status
- ◆ Sudden severe pain
- ◆ Bleeding that won't stop
- ◆ Vomiting or diarrhea that is severe or won't stop
- ◆ Coughing up or vomiting blood
- ◆ Suicidal or homicidal feelings

What is Prior Authorization?

Prior authorization means you or your provider must get approval from Medicaid before you get the service or you may have to pay the bill.

Many times your doctor, healthcare provider, or pharmacist will request prior authorization for you. You may have to request prior authorization for yourself or your family for other services like transportation.

You or your provider will need to get prior authorization for the following list of services:

- ◆ Transportation for non-emergency medical
- ◆ Service Coordination (Case Management)
- ◆ Medical Equipment and Supplies
- ◆ Home and Community-Based Waiver Services
- ◆ Certain inpatient and outpatient hospitalizations or medical procedures
- ◆ Certain vision services
- ◆ Certain dental services
- ◆ Personal care services
- ◆ Psychosocial Rehabilitation
- ◆ Private duty nursing
- ◆ Physical therapy —for more than 25 visits a year
- ◆ Certain medicines and most brand name drugs when generics are available
- ◆ Intensive Behavioral Intervention (IBI)
- ◆ Developmental disability agency services



There may be other services not listed that need prior authorization. Your Medicaid doctor or healthcare provider usually knows when you need prior authorization, but if you have questions call (888) 239-8463 or for Spanish (800) 862-2147.



If a service requires prior authorization, you must get it from Medicaid **before** getting the service.

Important Information

Your Rights

When you are eligible for Medicaid, you have certain guaranteed rights. You also have some responsibilities that go with those rights.

You have the right to fair treatment.

You have the right to all Medicaid services without regard to race, color, national origin, disability, sex, or age.

If you believe that anyone in Medicaid has discriminated against you because of your race, color, national origin, disability, sex, or age, you may file a complaint by contacting:

Civil Rights Manager
Idaho Department of Health and Welfare
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5617 voice (208) 334-4921 TDD

You may also file a complaint by contacting:

U.S. Department of Health and Human Services (HHS)
Director, Office for Civil Rights
Room 506-F, 200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0403 voice (202) 619-3257 TDD
HHS is an equal opportunity provider and employer.

You have the right to timely and accurate notice.

You must receive notices in writing before Medicaid can end your Medicaid eligibility.

You have the right to make decisions about your healthcare.

Your Medicaid providers must discuss your options with you before you start medical treatment.



You should let your family and your doctor know your wishes before you become too ill to make a decision about your medical treatment. Ask about a *Living Will* and a *Durable Power of Attorney for Health Care*. www.healthandwelfare.idaho.gov. Click the Medical tab, then Certified Family Home. Look at section 3: Advanced Directives.

You have the right to a file an appeal.

If you disagree with a decision regarding your Medicaid eligibility or if you feel that Medicaid has not served your medical needs properly, you may file an appeal. To request an appeal, fill out the form on the back of your determination letter.



This is very important!

Medicaid must receive your appeal in writing 28 days from the date the notice was mailed.

If Medicaid receives your appeal after the 28 days, you lose the right to appeal.

If Medicaid receives your appeal within the 28 days, they will review the decision, which may include a hearing. If a hearing is scheduled, you will get a letter telling you the location and time of your hearing. During the hearing, you may have anyone you want to represent you. You don't need an attorney but you may hire an attorney at your own expense if you want one.

Your Responsibilities

You are responsible for providing true and complete information about your circumstances.

This includes your income, the size of your family, your current address, and other information that helps Medicaid decide whether you should continue to be eligible for Medicaid services.

You are responsible for reporting changes in your circumstances.

If your income, resources, living arrangements, family size, or other circumstances change, it could affect your eligibility. It is your responsibility to let your Health and Welfare worker know about these changes. Each program has different reporting requirements. It's best to ask your Health and Welfare worker when you need to report a change.

You may be responsible for sharing the cost of your child's benefits.

If your child is enrolled in the Medicaid Basic Plan, you may need to pay \$0, \$10 or \$15 per month per child. The amount depends on your income.

Medicaid Fraud, Abuse and Misuse



Everyone in your family who is eligible for Medicaid will get their own card with their name listed on the card. It is against the law for anyone else to use the card.

If you knowingly break Medicaid rules, you could lose your Medicaid coverage. Medicaid can also prosecute you and you may have to pay for the Medicaid benefits you received but were not entitled to.

If you think someone who is getting assistance from the state is abusing the programs or you think a provider is improperly billing for services they haven't provided, you should report this to Medicaid.



Call (208) 334-2020 or call the toll-free Medicaid fraud and abuse hot line at (866) 635-7515.



If a doctor or medical service reports you to a collection agency or if you get a bill that you think Medicaid should pay, call the EDS Medicaid Client Line at **(888) 239-8463** or for Spanish **(800) 862-2147** for help.

Estate Recovery

When you get Medicaid benefits and you are over 55, you may not give your property away to others.

After you and your spouse pass away, your money and property will be used to repay Medicaid.

Under certain conditions, your children may request a Hardship Waiver.



For more information call the Medicaid Recovery Office **(866) 849-3843**.



For more information ask for publication **#HW-0474** *Property Liens and Estate Recovery* by calling the Idaho CareLine at **2-1-1** or **(800) 926-2588**.

Other Medical Insurance

If you have Medicare, Blue Cross, Blue Shield, or any other medical insurance you must tell your Health and Welfare worker. Your other insurance must pay before Medicaid will pay.



If your primary insurance ends or changes call PCG (Public Consulting Group) at (208) 375-1132 or (800) 873-5875 to report the change. PCG has no control over your benefits. For information about benefits call your local Health and Welfare office. For phone numbers see pages 38-40.

If Medicaid pays a bill and you get money from your other insurance, you must give the money to Medicaid. You are responsible for helping Medicaid collect money from another insurance plan or a responsible person such as a non-custodial parent.



For instructions on how to pay Medicaid call the Financial Recovery Unit at (208) 287-1150 or the Department's third party recovery contractor - Public Consulting Group (PCG) at (208) 375-1132 or (800) 873-5875.

HIPP-Health Insurance Premium Payment Program

If you have Medicaid and have other health insurance available, such as your employer has group coverage you can buy, ask your Health and Welfare worker about HIPP. If you or your children qualify, the Department of Health and Welfare pays the premiums, deductibles, and co-pays for your other insurance.



For more information ask for publication **#HW-0905 Health Insurance Premium Payment** by calling the Idaho Careline at 2-1-1 or (800) 926-2588.



Regional Adult Mental Health Authorities

Determines eligibility and completes assessment/service plan for psychosocial rehabilitation services.

Region 1 • Coeur d'Alene (208) 769-1406

2195 Ironwood Court
Coeur d'Alene, Idaho

Region 2 • Lewiston (208) 799-4440

1118 'F' Street
Lewiston, Idaho

Region 3 • Caldwell (208) 459-0092

3402 Franklin Road
Caldwell, Idaho

Region 4 • Boise (208) 334-0800

1720 Westgate Dr., Suite D
Boise, Idaho

Region 5 • Twin Falls (208) 736-2177

823 Harrison St.
Twin Falls, Idaho

Region 6 • Pocatello (208) 234-7900

421 Memorial Drive
Pocatello, Idaho

Region 7 • Idaho Falls (208) 528-5700

150 Shoup Ave.
Idaho Falls, Idaho



Regional Children's Mental Health Authorities

Determines eligibility for psychosocial rehabilitation services and answers questions about this service.

Region 1 • Coeur d'Alene (208) 769-1515

1250 Ironwood Drive, #100
Coeur d'Alene, Idaho

Region 2 • Lewiston (208) 799-4360

1118 'F' Street
Lewiston, Idaho

Region 3 • Caldwell (208) 455-7000

3402 Franklin Road
Caldwell, Idaho

Region 4 • Boise (208) 334-6800

1720 Westgate Dr., Suite D
Boise, Idaho

Region 5 • Twin Falls (208) 736-2177

823 Harrison St.
Twin Falls, Idaho

Region 6 • Pocatello (208) 239-6200

421 Memorial Drive
Pocatello, Idaho

Region 7 • Idaho Falls (208) 528-5900

150 Shoup Ave.
Idaho Falls, Idaho



Local Health and Welfare Offices

Local offices determine eligibility for Medicaid and other programs.

Region 1

Coeur d'Alene 1120 Ironwood Dr. Suite 201, 83814	(208) 769-1456 FAX (208) 666-6789
Bonnars Ferry Rt.4, 6522 Tamarack, 83805	(208) 267-3187 FAX (208) 267-3251
Kellogg 35 Wildcat Way, 83837	(208) 784-1351 FAX (208) 784-1356
Plummer Benewah Med. Ctr, 1115 B St., 83851	(208) 686-3201 FAX (208) 686-1146
Sandpoint 1717 West Ontario, 83864	(208) 265-4529 FAX (208) 263-4198
St. Maries 222 S 7th, 83861	(208) 245-2541 FAX (208) 245-7131

Region 2

Lewiston 1118 'F' St., 83501	(208) 799-4320 FAX (208) 799-5121
Grangeville 216 South C, 83530	(208) 983-0620 FAX (208) 983-2440
Moscow 1350 Troy Highway, 83843	(208) 882-2433 FAX (208) 882-8575
Orofino 416 Johnson Ave., 83544	(208) 476-5771 FAX (208) 476-3636

Region 3

Caldwell 3402 Franklin Rd., 83605	(208) 455-7200 FAX (208) 454-7607
Emmett 1024 Fernlee, 83617	(208) 365-3515 FAX (208) 365-7466

Nampa 823 Park Center Blvd., 83651	(208) 465-8444 FAX (208) 442-2810
Payette 515 N. 16th, 83661	(208) 642-6400 FAX (208) 642-9746

Region 4

Boise 1720 Westgate Dr., Suite A, 83704	(208) 334-6700 FAX (208) 334-6912
McCall 299 S 3rd St., 83638	(208) 634-2229 FAX (208) 634-3510
Mountain Home 2420 American Legion Blvd., 83647	(208) 587-9061 FAX (208) 587-5024

Region 5

Twin Falls 601 Poleline Rd., Suite 5, 83301	(208) 736-2110 FAX (208) 736-2176
Burley 2241 Overland Ave., 83318	(208) 678-1121 FAX (208) 678-1263
Jerome 126 N. Adams, 83338	(208) 324-8144 FAX (208) 324-4918

Region 6

Pocatello 1090 Hilene Road, 83201	(208) 235-2900 FAX (208) 236-6100
American Falls 502 Tyhee St., 83211	(208) 226-5186 FAX (208) 226-5835
Blackfoot 701 East Alice, 83221	(208) 785-5826 FAX (208) 785-1003
Preston 223 North State, 83263	(208) 852-0634 FAX (208) 852-2136
Soda Springs 184 South Main, 83276	(208) 547-4317 FAX (208) 547-4810

Region 7

Idaho Falls

150 Shoup Ave, 83402

(208) 528-5800

FAX (208) 528-5837

Rexburg

333 Walker, 83440

(208) 359-4750

FAX (208) 356-5461

Salmon

1301 Main, 83467

(208) 756-3336

FAX (208) 756-3805



IDAHO DEPARTMENT OF
HEALTH & WELFARE

HW-0608R2 July 2006

Costs associated with this publication are available
from the Idaho Department of Health and Welfare.



IDAHO DEPARTMENT OF

HEALTH & WELFARE

P.O. Box 83720, Boise, ID 83720-0035

To:

Blank area for address and recipient information, featuring five horizontal lines for text entry.

Place

Postage

Here